

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	8/29/01
FORMALITY REVIEW	1a RL	1019 1080	09-24-01 3-220

INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
- (Through numeral) Canceled	A	Appeal
÷ Restricted	O	Objected

Claim	Date
1	Final Original 8/29/01
2	✓ =
3	✓ =
4	✓ =
5	✓ =
6	✓ =
7	✓ =
8	
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11	
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13	
14	✓ =
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17	
18	✓ =
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24	
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26	
27	✓ =
28	✓ =
29	
30	✓ =
31	
32	✓ =
33	✓ =
34	✓ =
35	✓ =
36	
37	
38	✓ =
39	
40	✓ =
41	
42	✓ =
43	✓ =
44	
45	✓ =
46	✓ =
47	✓
48	—
49	—
50	—

Claim	Date
51	Final Original 2/24
52	
53	
54	
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58	
59	
60	
61	
62	
63	✓
64	✓
65	○
66	
67	
68	
69	
70	
71	
72	
73	
74	✓
75	0
76	✓
77	
78	
79	
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85	
86	✓
87	✓
88	○
89	
90	
91	
92	
93	
94	✓
95	○
96	✓
97	✓
98	✓
99	
100	

Claim	Date
110	
112	
113	
114	
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If more than 150 claims or 10 actions
staple additional sheet here

BEST AVAILABLE COPY

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826
9/24/01
358
CB/27/02